

State of Indiana - Information Processing Policy And Management Procedures	Project Change Request	Step 5 Page 1 of 1
A. Requesting Authority: _____		B. Division or Group: _____
C. System Name: _____		
D. Description of Change Request (One Time Special, or Permanent): _____ _____		
E. Reason for Request: _____ _____		
F. Estimate of Costs to Implement Change:		
	One-Time	Annual
1. Agency Costs		
• Personnel	_____	_____
• Equipment & Software	_____	_____
• Contract Services	_____	_____
• Miscellaneous	_____	_____
• Total Agency Costs	_____	_____
2. Information Services Division Costs		
• Development and Programming Services	_____	_____
• Processing Services	_____	_____
• Dedicated Facilities	_____	_____
• Total Info. Services Division Costs	_____	_____
3. Total Costs	_____	_____
G. Requested By: _____		H. Change Request No. _____
Name	Date	Agency Acct No.
I. Approved By: Agency Head: _____		
Budget Analyst*: _____		
(* If Required)	Name	Date
J. Implementation Control		
Activity	Completed By	Date
Detail Design		
Design Acceptance (User)		
Testing		
Test Acceptance (User)		
Reference Material Updated		
Production Catalog		
Production Run		
Production User Acceptance		
K. Change Request Close Out: _____		
Name	Date	